

# TUFTS COMMUNITY APPEAL

<http://universityrelations.tufts.edu/tca/>

Return this form to the President's Office, Ballou Hall, Medford/Somerville Campus  
 Questions: Call X73780

Name: \_\_\_\_\_

Tufts Address: \_\_\_\_\_

\_\_\_\_\_

HELPING  
 TO MAKE A  
 DIFFERENCE  
 TOGETHER

Tufts ID: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

## TO MAKE A CONTRIBUTION:

### Use this form:

1. Select Payment Option (Check Box)
2. For Payroll Deduction, Enter Pay Cycle Amount
3. Enter Total Pledge Amount

**OR: Use Employee Self Service for Payroll Deduction at:** <http://eserve.hr.tufts.edu>  
 (Forgot your Employee Self Service password? Contact TTS at [it@tufts.edu](mailto:it@tufts.edu) or 73376.)

			Amount Per Pay Cycle (payroll deduction only)	Total Pledge	
<b>Tufts Neighborhood Service Fund</b> <a href="http://communityrelations.tufts.edu/tufts-neighborhood-service-fund">http://communityrelations.tufts.edu/tufts-neighborhood-service-fund</a>	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
<b>Tufts Financial Aid</b> <a href="http://giving.tufts.edu/givenow1">http://giving.tufts.edu/givenow1</a> Specify School (optional) _____	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
<b>Community Health Charities</b> <a href="http://newengland.healthcharities.org">http://newengland.healthcharities.org</a> Specify Agency (optional) _____		<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
<b>Community Works</b> <a href="http://www.communityworks.com">http://www.communityworks.com</a> Specify Agency (optional) _____		<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
<b>Earth Share New England</b> <a href="http://www.earthsharenewengland.org">http://www.earthsharenewengland.org</a> Specify Agency (optional) _____		<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
<b>Global Impact Charities</b> <a href="http://www.charity.org">http://www.charity.org</a> Specify Agency or Targeted Care (optional) _____		<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
<b>United Way of Mass Bay</b> <a href="http://supportunitedway.org">http://supportunitedway.org</a> Specify Agency (optional) _____		<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
<b>United Way of Central MA</b> <a href="http://unitedwaycm.org">http://unitedwaycm.org</a> Specify Agency (optional) _____		<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	\$	\$
<b>Charity of Your Choice</b> Please provide the following information: <i>Please attach separate sheet if more than one charity.</i> Name of Agency: _____ Street Address: _____ City/State/Zip Code: _____		<input type="checkbox"/> PERSONAL CHECKS ONLY			
				Grand Total	\$

All checks must be made payable to the specific charity or agency; please do not make checks out to the Tufts Community Appeal.

### Authorization for payroll deduction or credit card payments:

**Payroll Deductions will begin January 1, 2015.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

If paying by credit card, please complete the following:

(For data security purposes, payment by credit card is available for internal giving options only.)

AMERICAN EXPRESS       DISCOVER       MASTERCARD       VISA

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

The Tufts Community Appeal will release your name and address to the recipient organizations for the purpose of gift acknowledgment.

If you do not want your information released for this purpose, initial here \_\_\_\_\_.

**Optional:** I do not wish to be included in any raffles (initials)

\_\_\_\_\_